

Deputy Sheriff Plan (Aetna) Benefits at a Glance 2011



King County

Benefits, Payroll and
Retirement Operations

Plan Feature	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
Provider choice	You may choose any qualified provider, but you receive higher coverage when you use network providers. Reimbursement for out-of-network medical services is based on reasonable and customary (R&C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.	
Annual deductible	\$50/person; \$150/family Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible. The deductible doesn't apply to prescription drugs, preventive care or hearing aids.	\$600/person; \$1,800/family Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible. The deductible doesn't apply to prescription drugs, preventive care or hearing aids.
Copays	Applicable only to emergency room care and prescription drugs	
After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum	Network: 90% (You pay 10% coinsurance) Out-of-network: 70% (You pay 30% coinsurance) 100% of network rate after applicable copays for prescription drug claims (deductible doesn't apply)	Network: 80% (You pay 20% coinsurance) Out-of-network: 60% (You pay 40% coinsurance) 100% of network rate after applicable copays for prescription drug claims (deductible doesn't apply)
Annual out-of-pocket maximum for medical services	Network: \$375/person or \$1,125/family, plus deductible Out-of-network: \$1,600/person or \$3,200/family, plus deductible Doesn't apply to prescriptions	Network: \$1,000/person or \$2,000/family, plus deductible Out-of-network: \$2,800/person or \$3,600/family, plus deductible Doesn't apply to prescriptions
Annual out-of-pocket maximum for prescription drugs	\$1,500/person or \$3,000/family	
After you reach the out-of-pocket maximum for medical services, most benefits are paid for the rest of the calendar year at this level	Network: 100% Out-of-network: 100% of R&C charges	
Lifetime maximum	No limit	

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
Allergy testing and treatment (including injections separate from office visit)	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)	Network: 90% Out-of-network: 70% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 80% Out-of-network: 60% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)
Ambulance services	Network: 90% Out-of-network: 90%	Network: 80% Out-of-network: 80%
Chemical dependency treatment (requires preauthorization)	Network: 100% Out-of-network: 70%	Network: 100% Out-of-network: 60%
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	Network: 90% Out-of-network: 70% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
Diabetes care training	Network: 90% when prescribed by your physician Out-of-network: 70% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	
Durable medical equipment, prosthetics and orthopedic appliances	Network: 90% Out-of-network: 70% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more
Emergency room care (Also see "Urgent Care")	Emergency care, network and out-of-network: 90% after \$25 copay/visit (waived if admitted) Non-emergency care, network and out-of-network: 90% after \$25 copay/visit	Emergency care, network and out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network and out-of-network: 80% after \$100 copay/visit
Family planning	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
Growth hormones	Network: 90% when preauthorized Out-of-network: 70% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit
Hearing aids	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply.	
Hearing exam	Network: 100%, no deductible (included as part of routine physical exam) Out-of-network: 70%, after deductible (included as part of routine physical exam)	Network: 100%, no deductible (included as part of routine physical exam) Out-of-network: 60%, after deductible (included as part of routine physical exam)
Home health care	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services	
Hospice care	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services	
Hospital care (both inpatient and outpatient, including outpatient surgery)	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
Infertility	Network: 90% Out-of-network: 70% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
Injury to teeth	Network: 90% Out-of-network: 70% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services
Inpatient care alternatives	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
Jaw abnormalities, or malocclusions (covered when medically necessary)	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
Lab, X-ray and other diagnostic testing	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Maternity care</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Mental health care</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Naturopathy</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Neurodevelopmental therapy for covered dependents age 6 and under</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services
<i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i>	Network: 90% when preauthorized and medically necessary Out-of-network: 70% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program is required before preauthorization.	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program is required before preauthorization.
<i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i>	Same coverage as when home, through Aetna and Express Scripts national provider networks	
<i>Phenylketonuria (PKU) formula</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Physician and other medical/surgical services</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Prescription drugs—Up to a 30-day supply through network pharmacies</i>	<p>Generic: 100% after \$7 copay Preferred brand: 100% after \$12 copay (\$20 if generic is available; but if you're unable to take it for medical reasons, the \$12 copay applies) Non-preferred brand: 100% after \$25 copay (\$30 if generic is available; but if you're unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.</p>	<p>Generic: 100% after \$7 copay Preferred brand: 100% after \$30 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$22 copay) Non-preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$45 copay) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.</p>
<i>Prescription drugs—Up to a 90-day supply through mail-order network only</i>	<p>Generic: 100% after \$14 copay Preferred brand: 100% after \$24 copay (\$40 if generic is available; but if you're unable to take it for medical reasons, the \$24 copay applies) Non-preferred brand: 100% after \$50 copay (\$60 if generic is available; but if you're unable to take it for medical reasons, the \$50 copay applies)</p>	<p>Generic: 100% after \$14 copay Preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$44 copay) Non-preferred brand: 100% after \$120 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$90 copay)</p>
<i>Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)</i>	<p>Network: 100% Out-of-network: 70% Deductible doesn't apply.</p>	<p>Network: 100% Out-of-network: 60% Deductible doesn't apply.</p>
<i>Radiation therapy, chemotherapy and respiratory therapy</i>	<p>Network: 90% Out-of-network: 70%</p>	<p>Network: 80% Out-of-network: 60%</p>
<i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i>	<p>Network: 90% Out-of-network: 70%</p>	<p>Network: 80% Out-of-network: 60%</p>

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Rehabilitative services—Inpatient and outpatient</i>	Network: 90% Out-of-network: 70% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 80% Out-of-network: 60% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)
<i>Skilled nursing facility</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<i>Smoking cessation</i>	100%, no deductible Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	
<i>Temporomandibular joint (TMJ) disorders</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services
<i>Transplants (certain services only)</i>	Network: 100% when preauthorized Out-of-network: 70% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered. No lifetime maximum	Network: 100% when preauthorized Out-of-network: 70% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered. No lifetime maximum
<i>Urgent care (ear infections, high fevers, minor burns, etc.)</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%